INFORMATION BULLETIN



WELFARE-TO-WORK

Number: WB99-14

Date: March 18, 1999

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TO: SERVICE DELIVERY AREA ADMINISTRATORS

PRIVATE INDUSTRY COUNCIL CHAIRPERSONS WELFARE-TO-WORK 15 PERCENT SUBGRANTEES

COUNTY WELFARE DIRECTORS

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES STAFF

EDD EXECUTIVE STAFF

WORKFORCE DEVELOPMENT BRANCH STAFF

SUBJECT: INTERIM WTW FORMS COMPLETION INSTRUCTIONS

Draft Welfare-to-Work (WtW) client forms were issued September 15, 1998, so that agencies could begin tracking WtW participants. These forms were based on initial and draft guidance received from the Department of Labor (DOL) and from the Department of Health and Human Services (DHHS). Since that issuance, DHHS has published the WtW Participant Data Requirements Final Rule, and DOL has revised the Employment and Training Administration 9068 Quarterly Financial Status Report to take into account the performance bonus measurement process. Additionally, we have worked closely with DOL to obtain a better understanding of the intent and usage of some of the participant data. As a result of the new guidance and clarifications, we have determined that some items on the draft forms are no longer needed, some definitions have changed, and some new items are needed.

We are in the process of revising the draft WtW client forms. Once the forms are revised, we will modify the Job Training Automation (JTA) system and related handbooks. The revised forms will be issued when the JTA software is available.

In the meantime, we are suggesting several alternatives for completing required items on the draft WtW forms that are being dropped or changed. These changes are effective upon receipt of this information bulletin. Expedient implementation will reduce the need to correct some data at a later date. See the attachment for the suggested alternatives to work around the JTA edits.

If you have any questions on the attached, please contact your program manager or the JTA Help Desk at (916) 653-0202.

/S/ BILL BURKE
Assistant Deputy Director

Attachment

SUGGESTED WORKAROUNDS ON THE DRAFT WTW FORMS

WtW Application/Registration			
FORM/ITEM NUMBER	ITEM NAME	WORKAROUND	
40	(Adult and Child) Social Security No.	Enter 999999999999999999999999999999999999	
43	Ethnicity	Circle and enter only one ethnic code, not multiple ethnic codes.	
44	Job Code/ Job Title	May be left blank. These items will be dropped.	
46	Hourly Wage	Enter zero.	
		Item will be dropped.	
47-48	Employer Number/ Employer Name/Employer Address/ Employer City/State/Employer Zip/Employer Telephone	May be left blank. These items will be dropped.	
49	Reviewer ID	Record Interviewer ID and signature in addition to Reviewer ID and signature. (You will not be able to enter the Interviewer ID, but will have the information available for future reference.) This item will be added.	
WtW Enrollment Form			
FORM/ITEM NUMBER	ITEM NAME	WORKAROUND	
10 Work Par Status	Work Participation Status	Enter 9.	
		Item will be dropped.	

WtW Monthly Activity Record			
FORM/ITEM NUMBER	ITEM NAME	WORKAROUND	
03	Amount Expended by Activity	Complete all required items in this section and optional items as determined locally.	
	Avg Hours Per Week	Enter 0 for average hours per week.	
		Only average hours per week will be dropped from this section. (Amount expended by activity continues to be a DHHS reporting requirement.)	
04	Services, Hours, and Dollars Expended	This section will be dropped. Leave all these items blank. This	
	Agency Code/Svcs Code/Svcs Description/Option Code/Avg Hours Per Week/Total \$ Expended	form should be filed without entering any data in this section.	
WtW Termination Form			
FORM/ITEM NUMBER	ITEM NAME	WORKAROUND	
01	Completion Code	Enter 30.	
	Completion Date	Use Termination Date or leave blank.	
	Completion Staff ID	Use Termination Staff ID or leave blank.	
	Completion Staff Signature/Date	Leave Blank.	
		These items will be dropped.	
05	Amount of Reduction in TANF Assistance	Enter zero. This item will be dropped.	
06	Assistance Amount of Other	Enter zero.	
00	Reduction		
		This item will be dropped.	